

IMMUNIZATION AUDIT REPORT WORKSHEET

Name of School								Date Completed						
STUDENTS NOT COMPLETE AND HAVING NO EXEMPTIONS ON FILE		REASONS (Check appropriate box for students that fall into these categories (Not Doses))												
		Record Not On File	Need DtaP, DT, Td, Tdap	Need Polio	Need 1st Measles	Need 2nd Measles	Need Rubella	Need Mumps	Need Hib	Need Hep B	Need Varicella	Need Pneumo- coccal	Need Influenza	Need Meningo- coccal
NAME	DATE OF BIRTH													
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
NOTES FOR DEFICIENCIES LISTED ABOVE (Corresponds to Students in each of the designated rows above)														
Student 1														
Student 2														
Student 3														
Student 4														
Student 5														
Student 6														
Student 7														
Student 8														
Student 9														
Student 10														
Student 11														
Student 12														
Student 13														
Student 14														
Student 15														

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NAME	DATE OF BIRTH													
16.														
17.														
18.														
19.														
20.														
21.														
22.														
23.														
24.														
25.														
26.														
27.														
28.														
29.														
30.														
NOTES FOR DEFICIENCIES LISTED ABOVE (Corresponds to Students in each of the designated rows above)														
Student 16														
Student 17														
Student 18														
Student 19														
Student 20														
Student 21														
Student 22														
Student 23														
Student 24														
Student 25														
Student 26														
Student 27														
Student 28														
Student 29														
Student 30														